

10/55964^g

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15	1					
16		1				
17		2				
18		3				
19		4				
20		5				
21		6				
22		7				
23		8				
24	1					
25		1				
26		2				
27		3				
28		4				
29	1					
30		1				
31		2				
32		3				
33		4				
34		5				
35		6				
36		7				
37	1					
38		1				
39		2				
40		3				
41		4	1			
42		5		1		
43		6		2		
44		7		3		
45		8		4		
46		9		5		
47		10		6		
48		11		7		
49		12		8		
50		13		9		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		32	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				2		
54				3		
55			1			
56			1	1		
57			1	2		
58			1	3		
59			1	4		
60			1	5		
61			1	6		
62			1	7		
63			1	8		
64			1	9		
65			1	10		
66			1	11		
67			1	12		
68			1	13		
69			1	14		
70			1	15		
71			1	16		
72			1	17		
73			1	18		
74			1	19		
75			1	20		
76			1	21		
77			1	22		
78			1	23		
79			1	24		
80			1	25		
81			1	26		
82			1	27		
83			1	28		
84			1	29		
85			1	30		
86			1	31		
87			1	32		
88			1	33		
89			1	34		
90			1	35		
91			1	36		
92			1	37		
93			1	38		
94			1	39		
95			1	40		
96			1	41		
97			1	42		
98			1	43		
99			1	44		
100			1	45		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						